UNITED STATES DISTRICT COURT

		STRICT COURT OF TENNESSEE	Clerk, U. s	1 ED
Samantha Rajapakse Plaintiff)	1:21-CV-158 NO. : 2) - CV-	At Chatt	District Court
v.)		the Clerk's Office.	<i>94</i> •06
Internet Escrow Services d/b/a Escrow.com Ebay.)	Do not write in thi		

APPLICATION TO PROCEED IN FORMA PAUPERIS WITH SUPPORTING DOCUMENTATION

I, Samantha	Rajapakse	, declare that I am the:
kx	plaintiff/petitioner	
[]	defendant/respondent	
[]	Other:	

in the above-reverenced proceeding. In support of my request to proceed without being required to prepay fees or give security therefor, I state that because of my poverty, I am unable to pay the fees for this action or give security therefor. I believe that I am entitled to the relief sought in my complaint/petition/answer/response. The nature of my action, defense, or other proceeding or the issues I intend to present are briefly stated as follows:

In further support of this application, I answer the following questions:

PERSONA	L INFORM	ATION, E	MPLOYMENT AND INCOME DATA
NAME (First	Middle	Last)	YEAR OF BIRTH
Samantha Delane F	Rajapakse		12/12/1965
SOCIAL SECURITY	NUMBER	(last 4 digits	s only) PHONE NOS.
9280			423-551-1854
HOME ADDRESS:			
3221 Westonia Drive	e		
OWN OR RENT?)	HOW LONG AT CURRENT ADDRESS?
no renting or own			1 year
MARITAL STATUS) <u>:</u>		
Single			
NAME AND ADDR			
TalkightliBnidbjdge 8177Fablikjdewiew	Talen	t Brid Fair Wi	ge ew Rcl Unit500 NC 28210 704-644.7000
TELEPHONE NUM			10 1 2 1 1 200
HOW LONG AT CU	RRENT EM	IPLOYMEN	T?
3 months assignmen	nt ended		
OCCUPATION (Des		ou do):	
Loan Processor			
IF EMPLOYED, STA AND WAGES PER I		THE GROS	S AND NET AMOUNTS OF YOUR SALARY
GROSS:			NET:
IF NOT CURRENTL	Y EMPLOY	YED, GIVE	MONTH AND YEAR OF LAST
EMPLOYMENT: Jar	nuary, 2021	to March, 2	021
HOW MUCH DID Y	OU EARN	PER MONT	H AT YOUR LAST EMPLOYMENT:

HAVE YOU RECEIVED ANY MONEY FROM ANY OF THE FOLLOWING SOURCES WITHIN THE PAST TWELVE MONTHS? Business, professional or other form of self-employment? xk No If YES, state the source and amount: Rent payments, interest, or dividends? [] Yes kx No If YES, state the source and amount: Pensions, annuities, or life insurance payments? [] Yes No Ks If YES, state the source and amount: Gifts or inheritance? [] Yes XX No If YES, state the source and amount: Any other source? XX Yes []No my son and daughter has been paying my expenses If YES, state the source and amount: Dexhausted all means to keep from filing of have filed with the State to prevent from feling.

ASSETS:			
LIST ANY OF THE FOLLOWING ASSETS THAT YO	U OWN AND	ГНЕ	TOTAL VALUE
CASH		\$	0.00
CHECKING ACCOUNTS TOTAL BALANCE (List Balance) (Do NOT include account numbers)	nks Below) my account is clo	\$ sed.	
SAVINGS ACCOUNTS-TOTAL BALANCE (List Bank (Do NOT include account numbers)	s Below)	\$	
account closed			
•			
STOCKS AND BONDS		\$	0.00
REAL ESTATE-CURRENT FAIR MARKET VALUE (List Locations Below)			
	\$0.00		
	\$	····	
	\$		
TOTAL REAL ESTATE			\$

VALUE OF PERSONAL PROPERTY, EXCLU		
none Clothes	\$_1,600	
furniture	\$ 7,00D.	
	\$	
TOTAL PERSO	NAL PROPERTY	\$ 3,000
MOTOR VEHICLES		
Year/Make License No.	Current Value	
2005 Hyundai Santa fe	§ no mortor unknowr	needs
		Motor
TOTAL VALUE	OF MOTOR VEHICLES	\$
DEBTS OWED TO YOU (Give Name of Debto	or)	
none		
TOTAL DEBTS	OWED TO YOU	<u>\$</u>
OTHER ASSETS (ITEMIZE)		
	\$	
TOTAL OTHER	ASSETS	\$ <u></u>
TOTAL OFF ALL ASSETS: \$3	(1000)	

LIABILITIES					
(DO NOT INCLUDE ACCOUNT NUMBERS)					
NOTES (LOANS) PAYABLE TO BANK	S (List bank	name and amo	ount of lo	oan only)	
none	\$				
0	\$				
	\$				
TOTAL LOANS P	AYABLE T	O BANKS	\$		
NOTES (LOANS PAYABLE TO OTHER	(S)		\$	0.00	
MORTGAGES PAYABLE ON REAL ES	TATE		\$	0.00	
CREDIT CARDS AND ACCOUNTS PA	YABLE TO	CREDITORS	\$	50.00	
MEDICAL BILLS Dis betic.	Type	Ζ,	\$	100.00	
TAXERIANIDIAGGESSMENTS PAYABL			\$		
OTHER LIABILITIES (Itemize)					
			\$	150.00	
,			\$		
			\$		
TOTAL LIABILIT	TIES \$			200.00	

LIVING EXPE	INSES	
N	Ionthly Payment	Balance Owing
[] RENT or []MORTGAGE PAYMENT (check one)\$	0.00	\$
ELECTRICITY \$		\$
WATER \$	***************************************	\$
GAS \$		\$
TELEPHONE \$		\$
FOOD \$	294.00 food stamps	\$
ALIMONY \$		\$
CHILD SUPPORT \$		\$
CHILD CARE \$		\$
SCHOOL EXPENSES \$		\$
AUTOMOBILE NOTE \$		\$
AUTOMOBILE INSURANCE \$	***************************************	\$
AUTOMOBILE REPAIRS \$		\$
GASOLINE \$		\$
FUR HIGH OTE \$		\$
CLOTHING \$	•	\$
CABLE TELEVISION \$		\$
LIFE INSURANCE \$		\$
HOSPITALIZATION INSURANCE \$		\$
DOCTORS \$	***************************************	\$
DRUGS \$	100.00	\$
CREDIT CARDS \$	50.00	\$
OTHER CHARGE ACCOUNTS OR CREDITORS \$		\$
TAXES \$		\$
ANY OTHER EXPENSES (LIST)	######################################	9
\$		\$
\$		\$
4		
\$		\$
\$		\$
TOTAL EXPE	NSES	\$ 444.00
My Daughter & Son As	ssist me	to waiting
3 Months for my when	Moument	henefits
3 Months to my will	ihindi. M.	

SPOUSES' PERSONAL INFORMATION; EMPLOYMENT AND INCOME DATA				
Middle L	ast)		YEAR OF BIRTH	
URITY NUMBER (last	4 digits only)	PHONE NOS.	
`		,		
DECC /: C 1:CC				
(ESS (II different from y	ours):			
VICO	HOM	I ONG AT CUID DENT	4 DDDEGGO	
N1?	HOW	LONG AT CURRENT	ADDRESS?	
ADDRESS OF CURREN	NT EMPLOY	/ER:		
NUMBER OF EMPLO	YER:			
AT CURRENT EMPLO	YMENT?			
N (Describe what your s	nouse does):			
iv (Describe what your s	pouse does).			
URRENT MONTHLY II	NCOME:			
Salary or Wages		\$		
~		Φ.		
Commissions		\$		
All other sources (Pension	ns; Soc.Sec.;			
Rent; Interest; Dividends; Al	limony, etc.)	\$		
TOTAL:	:	\$0.00		
	Middle I. URITY NUMBER (last RESS (if different from y NT? ADDRESS OF CURRED NUMBER OF EMPLO AT CURRENT EMPLO N (Describe what your s JRRENT MONTHLY II Salary or Wages Commissions All other sources (Pension Rent; Interest; Dividends; All	Middle Last) URITY NUMBER (last 4 digits only RESS (if different from yours): NT? HOW ADDRESS OF CURRENT EMPLOY NUMBER OF EMPLOYER: AT CURRENT EMPLOYMENT? N (Describe what your spouse does): URITY NUMBER (last 4 digits only and yours) and yours) are also as a second of the property of the propert	Middle Last) URITY NUMBER (last 4 digits only) RESS (if different from yours): NT? HOW LONG AT CURRENT ADDRESS OF CURRENT EMPLOYER: NUMBER OF EMPLOYER: AT CURRENT EMPLOYMENT? N (Describe what your spouse does): URRENT MONTHLY INCOME: Salary or Wages \$ Commissions \$ All other sources (Pensions; Soc.Sec.; Rent; Interest; Dividends; Alimony, etc.) \$	

NAME OF DEPENDENTS AND INCOME (If any)						
(For Minor Children, only provide first initials)						
Names:	Age:	Relationship:		Living With Whom?		
none						
TaRightlent Bridge 617 Fairview TOTAL MONTI CHILD SUPPOR	HLY INCOME OF DEPEN RT PAYMENTS (exclude s	DENTS INCLUDING pouse)	\$			
TOTAL MONT AND DEPENDI	THLY INCOME OF APPI ENTS	LICANT, SPOUSE,	\$	K		

AFFIDAVIT

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

July GODI DATE Saman Lla Rajapalup SIGNATURE

Created:

January 31, 2007

IPF Application.wpd